

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000833

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

3

VS 300
Rev. 4/59

10269

20270

3

4 1

5 2

6

7 9

8 2

94200

10

11

12 1-2

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JAN 14 1963

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Jefferson City, Mo.

Length of stay in 1b
4 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE Charles E. Still
Osteopathic Hospital

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY COOPER

c. CITY OR TOWN PRAIRIE HOME, MO.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
ADDIE LOU JOHNSON

4. DATE OF DEATH
Month Day Year
JAN 4, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
9/14/83

9. AGE (last birthday)
79

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
3 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Unknown

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Allen W George

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

W. A. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
None

17. INFORMANT
Address
Allen Johnson Prairie Home Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY Medullary Failure

IMMEDIATE CAUSE (a)

Circulatory Failure

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Advanced Arteriosclerotic Heart Disease
with complete sino-auricular block.

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH
Acute

4 Days

Chronic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Senility

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/25/62 3:45 P.M. to 1/4/63 and last saw her him alive on 1/3/63
Death occurred on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS
Jamestown, Missouri

22c. DATE SIGNED
1/4/63

23a. BURIAL, CREMATION
(REMOVAL SPECIFY)

23b. DATE
1/8/63

23c. NAME OF CEMETERY OR CREMATORY
Providence

23d. LOCATION (City, town, or county) (State)
Prairie Home Mo.

24. FUNERAL DIRECTOR

ADDRESS
J.C. Mo.

25. DATE RECD. BY LOCAL REG.
4 January 1963

26. REGISTRAR'S SIGNATURE
R.D. Harris

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Signature of Embalmer

Licensed Embalmer No. 4321

P. O. Address _____

Jeffersonville, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.